



Commonwealth of Massachusetts

# Division of Fisheries & Wildlife

**MassWildlife**

Wayne F. MacCallum, *Director*

## APPLICATION FOR SCIENTIFIC COLLECTION PERMIT (For Research and/or Education)

The Permit Application is for the Scientific Collection of:

- ☐ Mammals
- ☐ Birds
- ☐ Reptiles and Amphibians
- ☐ Fish
- ☐ Invertebrates
- ☐ Plants
- ☐ Salvage

PROVIDE ATTACHMENTS IF EXTRA SPACE IS NEEDED

NAME \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

IF THIS APPLICATION IS FOR BIRDS,  
DO YOU HAVE A MIGRATORY BIRD PERMIT? \_\_\_\_ IF YES, GIVE PERMIT# \_\_\_\_\_

STATE SPECIFICALLY NUMBER AND SPECIES OF ANIMALS OR PLANTS TO BE  
COLLECTED AND/OR  
POSSESSED \_\_\_\_\_

STATE REASON FOR COLLECTION AND/OR POSSESSION \_\_\_\_\_

[www.mass.gov/masswildlife](http://www.mass.gov/masswildlife)

### Division of Fisheries and Wildlife

251 Causeway Street, Suite 400, Boston, MA 02114  
An Agency of the Department of Fish & Game

(617) 626-1590 Fax: (617) 626-1517

PUBLIC SCIENTIFIC OR EDUCATION INSTITUTION TO WHICH COLLECTED  
SPECIMEN WILL BE DONATED\_\_\_\_\_

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STATE SPECIFICALLY WHERE COLLECTIONS WILL BE MADE\_\_\_\_\_

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DESCRIBE METHODS OF COLLECTION\_\_\_\_\_

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NAME(S) OF ANY SUBPERMITTEE(S)\_\_\_\_\_

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IF SEEKING A SCIENTIFIC COLLECTING PERMIT STATE YOUR QUALIFIC-  
ATIONS AND ENCLOSE AN OUTLINE OF YOUR PROPOSED STUDY\_\_\_\_\_

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Please recheck to assure that all questions have been answered completely.

\*FAILURE TO FOLLOW DIRECTIONS WILL SLOW OR DELAY  
PROCESSING OF THIS APPLICATION.

I certify that the information provided above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Department Head or Sponsoring Faculty Member  
(required if applicant is a student)